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Complete and send F	his form together with 8 1006	h applicable fe	ee(s), to: <u>N</u> or <u>l</u>	آم	Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Virg (571) 273-2885	or Patents	50		
INSTRUCTIONS This fo appropriate. All further con indicated unless correct maintenance fee notification	rm should woused for transcression to the land of the	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and ders and noti	PUBLIC ification a new co	ATION FEE (if requor fees or respondence address	nired). Blocks 1 thr will be mailed to the ; and/or (b) indicate	ough 5 she current ing a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for	
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SUITE 100 HOUSTON, TX 77024 02/09/2006 MBERHE1 00000007 10633869					transmitted to the USI	il Stop ISSUE FEI PTO (571) 273-2885 ia L. Hayden	address on the d	above, or being facsimile ate indicated below. (Depositor's name)	
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP				(Cy Febru	لالمناك 2006مary م	ZX.	(Signature) (Date)	
APPLICATION NO.	FILING DATE	I	FIRST NAME	D INVEN	TOR	ATTORNEY DOCK	CET NO.	CONFIRMATION NO.	
10/633,869	08/04/2003		Rick K.	Dodge		ITO.0050US (P	16247)	5264	
TITLE OF INVENTION: C	ONTROLLING THE LOCA	TION OF CONDU	JCTION BRI	EAKDO'	WN IN PHASE CHA?	NGE MEMORIES			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PU	BLICATION FEE	TOTAL FEE(S)	DUE	DATE DUE	
nonprovisional	NO	\$1400	1		\$300	\$1700		04/13/2006	
EXAMINER		ART UNIT		CL	CLASS-SUBCLASS				
DANG, PHUC T		2818			438-293000				
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PLEASE NOTE: Unless	RESIDENCE DATA TO B an assignee is identified be 137 CFR 3.11. Completion	low, no assignee o	data will app	ear on the	ne patent. If an assign	nee is identified bel	ow, the de	ocument has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
	Corporation		Santa Cl						
· · · · · · · · · · · · · · · · · · ·	assignee category or catego				☐ Individual 🖾 C	orporation or other	private gro	up entity Government	
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Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.					
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1504 (enclose an extra copy of this form).					
a. Applicant claims S	(from status indicated above MALL ENTITY status. See) 37 CFR 1.27.	☐ b. Applic	ant is no	longer claiming SMA	LL ENTITY status.	See 37 CI	FR 1.27(g)(2).	
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Authorized Signature	// Mak				Date	February 6	2006		
Typed or printed name Timothy N. Trop				• •	Registration	28,9	94		
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